

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings†

California Medical Association. Meetings will be held in San Francisco. Date of the seventy-third annual session, to be held in 1944, to be announced later.

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American Medical Association. Place and date of 1944 annual session to be announced later.

The Platform of the American Medical Association

The American Medical Association advocates:

1. *The establishment of an agency of Federal Government under which shall be coordinated and administered all medical and health functions of the Federal Government, exclusive of those of the Army and the Navy.*
2. *The allotment of such funds as the Congress may make available to any state in actual need for the prevention of disease, the promotion of health, and the care of the sick on proof of such need.*
3. *The principle that the care of the public health and the provision of medical service to the sick is primarily a local responsibility.*
4. *The development of a mechanism for meeting the needs of expansion of preventive medical services with local determination of needs and local control of administration.*
5. *The extension of medical care for the indigent and the medically indigent with local determination of needs and local control of administration.*
6. *In the extension of medical services to all the people, the utmost utilization of qualified medical and hospital facilities already established.*
7. *The continued development of the private practice of medicine, subject to such changes as may be necessary to maintain the quality of medical services and to increase their availability.*
8. *Expansion of public health and medical services consistent with the American system of democracy.*

Medical Broadcasts*

The Los Angeles County Medical Association:

The following is the Los Angeles County Medical Association's radio broadcast schedule for the current month, all broadcasts being given on Saturdays.

KFAC presents the Saturday programs at 11:45 a. m., under the title, "Your Doctor and You."

KFAC will present these broadcasts on the following Saturdays: October 2, 9, 16, 23, and 30.

The Saturday broadcasts of KECA are given at 11:15 a. m., under the title, "The Road of Health."

"Doctors at War":

Radio broadcasts of "Doctors at War" by the American Medical Association, in cooperation with the National Broadcasting Company and the Medical Department of the United States Army and the United States Navy, are on the air each Saturday at 2 p. m., Pacific War Time.

† In the front advertising section of *The Journal of the American Medical Association*, various rosters of national officers and organizations appear each week, each list being printed about every fourth week.

* County societies giving medical broadcasts are requested to send information as soon as arranged.

Pharmacological Items of Potential Interest to Clinicians*:

1. *Special Issues:* Congratulations to Benno Schwabe & Co., Basle, for the special chemotherapy number (19/20) *Schweizerische Medizinische Wochenschrift*, 1943, dedicated to the International Committee of the Red Cross. Pages 549 to 685 deal mostly with sulfonamide derivatives in various clinical conditions, with general discussion by R. Stachelin, H. Staub, M. Hartmann, and R. Meier on basic principles, and bibliography of 958 articles by O. Merkelbach. Interesting how little United Nations' scientific or medical publications have reached Switzerland since 1942. But even the University of Basle offers special courses in tropical medicine. To be noted are F. Verzar's *Theorie der Muskelkontraktion* and A. L. Vischer's *Das Alter als Schicksal und Erfüllung*; also the new *Helvetica Physiologica et Pharmacologica Acta*, quarterly at Fr. 31.50, if you can get it! The June, 1943 issue of the *Bulletin of the American College of Surgeons* (28:90-239) is all war, from care of the injured to a selected bibliography. The July issue of *CALIFORNIA AND WESTERN MEDICINE* has a tuberculosis supplement (59:25-71, 1943) which deserves wide circulation, reprinting, and a lot more rayrah; most of the notes warrant extension and republishing.

2. *And More Books:* C. C. Thomas (now in Frank Lloyd Wright's Springfield (Illinois) house, announces I. H. Page's *Hypertension*—a manual for patients; and C. C. Higgins' *Renal Lithiasis. New and Nonofficial Remedies* (A. M. A., Chicago, 1943 issue), continues to show improvement in organization and material. Williams & Wilkins (Baltimore) issue B. Ratner's *Allergy, Anaphylaxis, Immunotherapy*. Macmillan (New York, 11) offer W. K. Livingston's *Pain Mechanisms: A Physiological Interpretation of Causalgia*. P. B. Hoeber has another W. C. Alvarez on *Nervousness, Indigestion and Pain*, and has ready a big *Clinical Tropical Medicine*, edited by A. T. Bercovitz. Finally, there appear both volumes of the important *Pharmacology of the Opium Alkaloids*, by H. Krueger, N. B. Eddy, and M. Sumwalt (Suppl. 165, Pub. Health Rep., Washington) with a whopping bibliography of over 10,000 items! American Council of Public Affairs, Washington, issues S. Wilson's *Food and Drug Regulation*. Symposium of Association for Research in Nervous and Mental Diseases on *Role of Nutritional Deficiency in Nervous and Mental Disease* is published by Williams & Wilkins. And we have just received the same outfit's *Antigonadotropic Factor with Consideration of the Anti-hormone Problem*, by B. Zondek and F. Sulman. Also note *Cytology and Cell Physiology*, edited by G. Bourne, and including sections by J. F. Danielli and H. Blaschko, offered by Oxford Press at 20s. C. C. Thomas published *Medical Progress Annuals*, covering series of articles appearing in the *New England Journal of Medicine*.

3. *Interesting:* J. Davidson finds body-louse eggs develop 25 per cent per day at body heat (*Med. J. Austral.*, 1:533, June 12, 1943). R. H. Williams and G. W. Bissell confirm E. B. Astwood's finding (J. A. M. A., 122:78, 1943) that thiouracil successfully controls thyrotoxicosis in doses of 0.2 gram per four hours, giving blood concentration of 3 milligrams per 100 cubic centimeters, and 300 milligrams per day in urine (*Science*, 98:156, August 13, 1943). F. R.

* These items submitted by Dr. Chauncey D. Leake, formerly director of the University of California Pharmacologic Laboratory, now dean of the University of Texas Medical School, Galveston, Texas.

Winton & Co. report renal damage after crush injury to limbs (*Quart. J. Exp. Physiol.*, 32:89, 1943; M. C. Sanz (Bern), in studies on brain metabolism, finds no acetylcholine production in absence of glucose and increase in metabolism with HCN (*Pflugers Arch. ges. Physiol.*, 246:597, 1943). G. Domini and H. Rein (*ibid.*, p. 608) confirm our old report that lactate ions dilate peripheral vessels independently of pH (*Am. J. Physiol.*, 80:107, 1926). H. Kwiatowski (*J. Physiol.*, 102:32, 1943) finds much histamine in distal parts of sensory nerves, none in central nervous system or motor nerves, proposes histaminergic nerves. B. C. Bose and B. Mukerji discuss physiologically active fractions of Indian hemp (*Nature*, 152:109, July 24, 1943). In July *Physiological Reviews* are articles by E. F. Hirsch and S. Weinhouse on lipids in atherosclerosis; L. Pauling & Co. on antigens, antibodies, and precipitation reaction; and F. A. Hellebrandt on vertical stance of man.

4. *Ave. Helvetica Physiologica et Pharmacologica Acta*, O. A. M. Wyss, Geneva, Editor. First issue contains articles by S. Burgi on tegmental reaction; A. Fleisch on Vitamin A; W. R. Hess on subcortical centers; W. Bloch on relation of hypothalamus to resp. metab.; W. Schuler on relation between age and metabolism; and proceedings, January 30 meeting of the Swiss Society for Physiology and Pharmacology.

Ninetieth Birthday of San Francisco County Medical Society.—The San Francisco County Medical Society cordially invites members of the California Medical Association to attend the meeting in celebration of its ninetieth birthday on Sunday, November 7. Clinics in general medicine and general surgery will be conducted in the morning at Lane Hall, Stanford University Medical School, and Toland Hall, University of California Medical School.

"The Future of Medicine" will be the subject of a symposium to be held in the afternoon at the home of the County Medical Society. Dr. Morris Fishbein of Chicago, Dr. Walter H. Brown, chairman of the Department of Hygiene, University of California, and other speakers to be announced later, will participate.

Governor Warren Appoints Two Members to State Health Board.—Governor Warren on September 28 appointed Dr. Sanford Moose of San Francisco and Dr. Samuel J. McClendon of San Diego to the State Board of Health.

They replace, respectively, Dr. V. A. Rossiter, Santa Ana, deceased, and Dr. F. W. Pottenger, Los Angeles, resigned.

Birth Rate Jumps in War.—In its first full year of World War II—1942—the nation's birth rate was the highest in sixteen years and the death rate the lowest on record.

The Census Bureau so reported on September 25. Births totaled 2,808,996, an increase of 11.8 per cent over the 1941 figure, and deaths, not counting war casualties abroad, numbered 1,385,187, a decline of 0.9 per cent from the preceding year.

United States Health Picture "Favorable," Says Office of War Information.—The Office of War Information today painted a "generally favorable" picture of United States civilian health despite a shortage of doctors which will continue to increase "indefinitely," barring revision of military requirements.

Summarizing the results of its second survey of the nation's medical defenses, OWI found 108,000 physicians—out of the total prewar registry of 180,000—still available to care for the remaining civilian population of 120,800,000 persons.

If this total were perfectly distributed, OWI said, it would mean one doctor, in general practice, for every 1,557 persons—very close to the desirable ratio of one to 1,500. Perfect distribution does not exist, however, and is not attainable without compulsory shifts of doctors to critical localities.

"Undoubtedly, the most acute health problem affecting the nation as a whole arises out of the increasing shortage of doctors and dentists," the report stated. "The shortage . . . will continue to increase indefinitely unless the requirements of the armed forces are revised."

The Office of War Information said, however, that the armed forces so far have commissioned only a little more than 80 per cent of their needs and also are taking 80 per cent of all new medical graduates. Only 1,500 of the 7,000 new medical graduates each year will be available to replace the 2,500 to 3,000 doctors who die annually.

Despite the shortage of physicians, OWI found the increased rate of sickness among war workers no greater "than might be expected under the strain of war-time living and working conditions."

A 68 per cent increase during the first quarter of 1943 was reported in worker absences of eight days or longer because of respiratory diseases, particularly influenza and grippé.

State Health Talks at C. I. O. Parley.—Dr. Wilton L. Halverson, Director of the California State Department of Public Health, was one of the speakers at an all-day health conference of the Los Angeles C. I. O. Council on Sunday, September 19.

"Health Joins the C. I. O." will be a working conference at which C. I. O. union delegates will have a chance to set up a full-time health division within the C. I. O. Council, and to share in the planning of the program for such a division.

Among the speakers was Dr. Morris Raskin, medical coordinator of the Medical Research Institute of the UAW, and a pioneer in union health planning. Doctor Raskin discussed Industrial Health as it affects the workers, and how unions can help safeguard the health of their fellow workers.

The topic of Medical and Hospital Care was discussed by Dr. Asher Gordon, resident physician at the Vallejo housing project and a member of California Physicians' Service, a prepayment group medical plan.

Dr. Henry Borzook, professor of biochemistry at the California Institute of Technology and his coworker, Miss Nancy Upp, field director of the Los Angeles County and City Committee for Nutrition in Industry discussed how we can keep our workers at the highest level of efficiency through proper feeding methods in the plants.

Dr. Clyde K. Emery discussed the proposed Wagner-Murray-Dingell Social Security Bill and its health and hospitalization aspects.

The conference was open not only to elected delegates, but to the entire membership of the Los Angeles C. I. O. Council. Interested representatives from public and private health agencies received invitations to attend as observers.

Infantile Paralysis in Sonoma County.—Dr. E. D. Barnett, Sonoma County health officer, left on September 1 for Buffalo, New York, to present a report at the American Hospital War Conference.

In a summary of infantile paralysis cases cared for at the Sonoma County Hospital, where he is medical supervisor, Doctor Barnett stated that of 70 patients treated up to August 28, 44 were males and 26 were females; that 52 per cent of those admitted as victims were between the ages of three and twelve years; that 56 per cent had head-

aches as symptoms, 50 per cent stiff necks, 55 per cent muscle pains, 38 per cent fever, and 19 per cent were suffering from apprehension and displayed extreme restlessness.

His report also showed that 19 per cent had "sore throat," 18 per cent vomited; 84 per cent had back muscles affected, 69 per cent had weaknesses in their hamstrings; 52 per cent were affected in the diaphragm muscle, and 52 per cent in the abdominal area.

Venereal Disease Medicine Needs Doctor's Approval.

—Medicines for the treatment of venereal diseases can be sold in California only upon the prescription of a duly licensed physician.

Dr. Wilson L. Halverson, Director of the State Department of Public Health, announced this on September 6, saying the new regulation is provided in a law passed by the last legislature. The restriction also provides that prescriptions containing the sulfonamide drugs cannot be refilled without a doctor's order.

In announcing the new law, Doctor Halverson praised the druggists who, he said, in the majority of cases had complied voluntarily with the provisions of the law before the legislation was passed.

"Only a skilled physician can treat venereal diseases successfully. Self-treatment and inadequate treatment often make syphilis and gonorrhea more difficult to cure," Doctor Halverson said.

He added that local health departments maintain free public clinics where anyone can receive diagnosis and emergency treatment. Continued free treatment is given patients unable to pay a doctor's fee. The State Department of Public Health provides free antisyphilitic drugs to doctors in private practice for the treatment at a reduced rate of patients who cannot pay the full charge.

Two Thousand Five Hundred Use San Francisco Medical Telephone.—Nearly 2,500 persons, mostly newcomers to San Francisco, engaged physicians during the past three months through the San Francisco County Medical Society's "around the clock" telephone service bureau, it was announced recently.

The Society established the telephone bureau as a public service especially for newcomers to the city and for old-time residents whose doctors had departed for the war. The Society's membership was first polled to locate physicians who could take additional patients, and doctors who could take night calls.

Government Fiscal Statistics.—A Washington dispatch of September 25 gives the following summary of Government expenses and receipts for the current fiscal year through September 23, as compared with a year ago:

	<i>This Year</i>	<i>Last Year</i>
Expenses	\$ 20,621,580,896.54	\$15,009,688,011.42
War spending	19,076,051,240.10	13,543,150,516.03
Receipts	8,976,010,581.89	3,599,624,606.89
Net deficit	11,645,570,314.65	11,407,909,054.53
Cash balance	15,422,135,848.46	2,736,665,910.78
Working balance	14,659,438,645.27	1,974,186,793.69
Public debt	158,830,956,110.02	88,246,514,290.55
Gold reserve	22,204,723,013.48	22,750,375,074.42

Doctor Disagrees With Two of Sister Kenny's Practices.—A United Press item states that Dr. Joseph Moldaver of the Columbia University College of Physicians and Surgeons' Department of Neurology expressed disagreement with two of Sister Elizabeth Kenny's theories about poliomyelitis.

In an article in *The Journal of the American Medical Association*, Doctor Moldaver emphasized, however, that his criticisms were concerned in no way with the Kenny treatment methods.

Sister Kenny believes, he said, that infantile paralysis victims suffer "mental alienation" of muscles, meaning that the muscles around the paralyzed area are dissociated from the brain.

This mental alienation of muscles does not exist, Doctor Moldaver said. Studies of forty-nine victims of the disease showed that the muscles lose their power because the anterior horn cells are damaged or destroyed, he said.

Muscle spasm, contraction of muscles, is regarded by Sister Kenny as the most serious and damaging symptom in the disease, Doctor Moldaver said. The danger of paralysis lies mainly in allowing the spasms to continue, she believes.

"Muscle spasm is not the most dangerous symptom," Doctor Moldaver said, "and it does not lead to nerve and muscle degeneration."

Number of Doctors in San Francisco Is Plenty for City's Needs.—San Francisco has plenty of physicians to attend its sick.

This announcement was made on September 23 by Dr. Harold A. Fletcher, State Chairman of the War Manpower Commission's Procurement and Assignment Service.

A survey conducted in San Francisco by the Service disclosed there were now 1,253 physicians actually caring for the sick in San Francisco, indicating, he said, that 474 doctors have entered military service from this city since 1940. Some of the 1,253 physicians, Doctor Fletcher said, are engaged part time in research, laboratory work or other activities not directly connected with the treatment of ill people.

"There is no need to worry about the medical coverage of San Francisco at the present time," Doctor Fletcher said. "There are 816 general physicians, specialists in children's diseases, and general surgeons practicing here. In addition, there are 437 specialists in all the various medical specialty branches.

"The most recent population figures show 691,609 people in the city, which means that the ratio of doctors to population is greater than one to 600, with all the specialties well represented. For a city the size and character of San Francisco, a ratio of one to 1,000 would be considered very reasonable medical coverage, and a ratio of one doctor to 1,100 or 1,200 people would not be considered a dangerous condition."

Although there are enough doctors for quite adequate medical care, Doctor Fletcher said there is an actual shortage of hospital beds, which, however, has not yet had a bad effect on the community's health, but might during the winter months.

Research Group Leader Named.—The Board of Directors of Government Research, Inc., have elected John R. Richards president and will meet on October 5 to name an executive secretary.

Officers serving with Richards are Dr. Elmer Belt, vice-president, and Dean E. Christy, treasurer. Frederick N. Edwards is acting as counsel.

Seventy-five new members have been received in the past month, and the rate of applications received is increasing. The organization announced a membership of more than 5,000 interested citizens is being planned.

The organization has offices in charge of Mrs. Dorothy Dickinson at 411 West Fifth Street.

Dr. Courtney Smith New Area Medical Officer.—Dr. Courtney Smith, formerly assistant commissioner of health in the Territory of Alaska, recently took over his new duties as regional medical officer for the Ninth Civilian Defense Region, succeeding Dr. Fred T. Foard, now assigned to the Eighth Public Health Region in Denver, according to an announcement by George L. Levi-son, regional OCD director.

Pleasanton Naval Hospital Open.—The U. S. Naval Hospital at Pleasanton, Alameda County, accommodating one thousand patients, was formally commissioned recently by Rear Admiral Daniel Hunt, district medical officer.

Captain Robert P. Parsons, recently returned from duty in the Pacific combat area, will be in charge of the new hospital.

"KAISER WAKES THE DOCTORS": A BOOK REVIEW *

Kaiser Wakes the Doctors. By Paul de Kruif. Cloth. Price, \$2. Pp. 158. New York: Harcourt, Brace and Company, Publisher, 1943.

Foreword.—The editorial, "An Author, de Kruif, Finds in California the Solution of Future Medical Practice," states that excerpts from the book "Kaiser Wakes the Doctors," a copy of which has been sent to CALIFORNIA AND WESTERN MEDICINE for review, would appear elsewhere in this issue.

The excerpts referred to are here used as the basis for a review of Author Paul de Kruif's book. This seems to be as good a method as any for bringing to the attention of readers the nature and scope of Author de Kruif's views.

The excerpts, in quotations, in each instance appear in light-face type, followed by the reviewer's comments in italics. No doubt, other answers will also occur to readers. If space were available, additional comment could be made. Book review follows:

Book Review: Excerpts and Comments

"This book had its initial spark in a little story, 'Tomorrow's Health Plan—Today!,' published in the May, 1943 issue of *The Reader's Digest*."

Comment.—At a luncheon at one of the clubs in San Francisco at which some twenty or more guests were present, Mr. de Kruif told the story of the above article—how it had been rewritten and rejected a dozen or so times before acceptance. The thought flits into the mind that his book may contain some of the ideas he incorporated in his initial drafts. The May, 1943 article referred to was an interesting statement.

"The banging, clanging, rhythmic flow of men and steel into a Liberty ship, complete from keel to launching within five days, is not the most epochal event at Henry Kaiser's shipyards."

Comment.—Citizens, everywhere, share in the admiration for the splendid organization procedures Mr. Kaiser and associates have brought into being in their shipbuilding and other wartime industries. When de Kruif begins Chapter I of his book with the above sentence, he overlooked the man-hours, covering many days, needed in the building of a ship. Newspapers have told that story.

"So, under Henry Kaiser's guidance, it is the workers themselves who are building the model of a Mayo Clinic for the common man. Here where there is no money consideration between the sick man and his physician, you see a blueprint for group medical practice for the common man, for the powerful preventive medicine of our doctors for tomorrow."

Comment.—If deducting fifty cents per week from the pay of each worker, to cover sickness insurance supplied by the attending physicians, is not a "money consideration," what is it?

"What have I [de Kruif] done to fight for the medical underdogs, the medical have-nots? Their numbers are far

greater than those who in the great depression were ill-clothed, ill-housed, ill-fed."

Comment.—Social welfare workers would probably take issue with de Kruif on the above, and would be tempted to call attention to the fact that poverty, which causes people to be "ill-clothed, ill-housed, ill-fed," is an important causative factor in many illnesses; and that there are many more poverty-stricken persons than there are of the group of human fellows, to whom the author refers to as "medical underdogs."

"Like any other form of insurance, these prepaid medical care plans have spread the risk, so that sick people's unbearable financial burden might be shared by those who are well. But here was the catch: these prepaid medical care plans were medically not popular: it was the organization of the doctors themselves who opposed them."

Comment.—The large number of "prepaid medical plans" which are in operation throughout the United States, with full coöperation of physicians, is the best answer to the above.

"About medical care he [Mr. Kaiser] was fanatic."

Comment.—Did Author de Kruif look up the meaning of the word "fanatic"? The *Oxford English Dictionary* states: "Fanatic . . . affected by mistaken enthusiasm . . . an unreasoning enthusiast."

Did de Kruif wish to give such a meaning to Mr. Kaiser's labors?

"Then he [Mr. Kaiser] uncovered one of the secret weapons that he was sure would bring us victory in America's coming fight for nation-wide health. 'We won't need Government handouts,' he explained, with fire in his eyes and a slow smile. 'Our medical chief, Doctor Garfield, has proved at Coulee Dam, and is proving now at Richmond shipyards, that if you properly organize and distribute the burden of payment for the best kind of hospital and medical care, the hospitals will quickly amortize themselves; they'll pay themselves off!'"

Comment.—With the type of set-up in operation in specialized fields of industrial endeavor, with a particular group of what might be called selected risks, with money cost deducted from pay envelopes without acquisition expenses, etc., and with additional income from state compensation funds to the amount of 40 per cent for industrial injuries, it may be possible for "hospitals to quickly amortize themselves."

Not so, however, when both sexes and all ages are cared for under altogether different conditions. A study of the history of hundreds of hospitals, from one end of the United States to the other, will emphasize this.

"Even if the manufacturers would go for his plan [Mr. Kaiser's], seeing as how good medical care would lower their man-hours, vastly raise their production—even so, could Kaiser convince the doctors? The physicians whose voices are most powerful in organized medicine are specialists who make good livings on fees, not from the common but from the uncommon man. 'These specialists largely guide the medical rank and file. Will they be interested?' I asked."

Comment.—The statement concerning "physicians whose voices are most powerful in organized medicine" is not in accord with the facts. The biographical files of the American Medical Association in Chicago contain abundant proof to the contrary.

* For editorial comment, see page 207.

"He [Kaiser] had it clear that, under the individualism of private practice, all was not too secure with the bread and butter of scores of thousands of little doctors."

Comment.—Who and where are these "scores of thousands of little doctors" whose "bread and butter . . . is not too secure"?

If they exist by the "scores of thousands," it should not be difficult for de Kruif and company to point some of them out.

"Remember [Author de Kruif speaking of himself] that your life is justly said to be a series of enthusiasms."

Comment.—After perusal of the de Kruif book, one is much tempted to concur in the author's diagnosis of his own condition.

"The tough part of it would not be convincing the industrialists: they didn't mind stronger manpower. The tough job wasn't convincing the bankers: they would love financing hospitals and health centers if these were a sound investment. And the people—no, 135,000,000 American people would not mind prepaid medical care, for which they all would equitably pay, which would relieve them of their pain, sickness, misery, and needless death."

Comment.—The reason bankers have been reluctant to finance hospitals has been due to their actuarial and other knowledge which proved to them that many hospitals are not "sound investments."

And de Kruif is very much in error when he states "135,000,000 American people would not mind prepaid medical care." The experience of California Physicians' Service with some 7,000,000 inhabitants of that State bears testimony on this point. Healthy people are not yet enamored of prepaid medical care, and without the coöperation of this group, the excessive proportion of poor risks will always endanger the actuarial soundness of voluntary sickness insurance plans.

"And the people? Alas, they were not organized, they were inarticulate. The voice of the common man could not reach the doctors."

Comment.—What a lack of understanding concerning the lives of physicians!

If there is one group whose members do hear the "voice of the common man," it is the doctors. Let de Kruif read Robert Louis Stevenson's tribute to physicians.

"He [Kaiser] believed that what he had begun for more than 100,000 shipbuilders could be done, too, for smaller industries, for communities rural as well as industrial."

Comment.—This is a statement of very broad scope not in harmony with past experience. As stated in the editorial comments in the current issue, logical conclusions are dependent on sound premises.

"Garfield—with a vision of the new death-fighting possibilities of group medical teamwork—had begun his experiments in modern medical care as a lone wolf in the southern California desert. He had graduated from the excellent University of Iowa Medical School and then had migrated to the modern Los Angeles County Hospital, where the lucky poor people of the region get medical science better, on the average, than that of the middle or even the upper economic brackets. Here Garfield, during his years of service as an intern and a surgical resident, had it burned into him why the treatment of the poor man, the 'medically indigent,' is so superior."

Comment.—The writer had the privilege of serving on the attending staff of the Los Angeles County Hospital

for more than twenty-five years during all of which time he was also a member of its medical executive board. Therefore, he should know somewhat about the institution. Good as the ward and other service rendered by that hospital may be, it is not in accord with facts that in its wards "the lucky poor people of the region get medical science better, on the average, than that of the middle or even the upper economic brackets," who are under the care of the Los Angeles physicians who are in private practice. These same physicians give their services without cost to the County Hospital patients. How absurd it would be for them, since they earn their living in private practice, to give the latter group a lesser quality of service. The author's statement refutes itself.

"What it boiled down to for the men was that they felt they owned this health plan; they'd all helped pay for it. What it meant for the doctors was that, when there was no money consideration between them and their patients, there was the chance for simple Christianity to come in. Exit dollars—enter God."

Comment.—Rather interesting. The author would seem to imply that physicians in private practice do not carry on their work in accord with the principles of "simple Christianity."

And from whence and how did he receive the message, "Exit dollars—enter God."

"That day he [Henry Kaiser's son] had taken his noon meal at the best hotel in Richmond, California, close by the Kaiser shipyards. 'There were a lot of shipyard workers eating in that dining room; and you should have seen the right-hand side of the menu card—prices like the Waldorf in New York,' said Edgar. [Mr. Kaiser's son] 'The men were ordering pheasant. They were liking it. Believe me, they're not going to forget they once earned money enough to order pheasant,' said Edgar, laughing, and in his laugh there was the ring of high approval. If a manager thinks pheasant is okay for the workmen, he is not likely to let them down on their medical care."

Comment.—Some out of the ordinary premises for a peculiar conclusion.

"There is no trouble getting modestly paid men to spend the equivalent of half a pack of cigarettes a day when they know that this will guarantee them the best unlimited medical attention."

Comment.—The statement is not in harmony with experience in medical service plans. California Physicians' Service gave unlimited service and found it could not be successfully carried through. The author had access to the California Physicians' Service reports and yet makes the above statement.

"The family prepaid health plan was advertised and announced at union meetings. It was an unexpected flop. Within three months' time, only some 10 per cent of the workmen's wives and children had signed up for it. What actually happened was what has defeated the bookkeeping of more than one voluntary health insurance plan. The wives and children were not signed up for it, most of them, until they took sick. You can see how this threatened to wreck Garfield's set-up."

Comment.—The above presents interesting contrast to the statement quoted from a preceding page.

If persons to be covered do not sign up "until they took sick," it is easy to understand why a prepayment plan will break on financial rocks.

"The most amazing part of the whole thing," said Garfield, "was that when we had the plan started and well along in operation, people stopped dying."

"That sounds funny, but actually what it meant was that people came to us; the reason they stopped dying was the fact that they came to us with their early symptoms."

Comment.—It is granted that, in a limited number of cases, lives are saved by early treatment. Prepayment plans help to this end, but not to the extent that "people stopped dying."

"If we free their hands, if we let them use all their science, our doctors can do more than merely mend bone and brain and muscle. They can build faith and courage in the common man."

Comment.—Physicians have been building "faith and courage in the common man" from the beginning of recorded history and their hands have been "free" always.

"Kaiser's keymen, his two sons, Edgar and Henry Jr., included, were driven to the limit of their strength, and then beyond it, yet kept on working. Henry Kaiser himself enjoyed it. To supercharge his natural super energy, the giant [Mr. Kaiser] demanded more and better vitamins. New pills of these powerful chemicals were recommended to him. . . ."

Comment.—What were these wonderful vitamins? And are they prescribed for all the shipyard workers? In connection therewith, reference may be made to a newspaper dispatch of a few days ago, in which it was stated that in a new concentrated food packet for shipwrecked soldiers and sailors, a few vitamin pills were placed to fill vacant space in the packages, because, owing to wide press publicity concerning vitamins, the pills helped in the sustaining of morale.

"Then he [Doctor Garfield] explained that the whole project would pay itself off reasonably quickly from the money rolling in from the weekly 50-cent pieces voluntarily prepaid by 30,000 workers, plus fees from their industrial compensation insurance."

Comment.—If the above is applied to, say, 100,000 workers in the Kaiser shipyards, the following calculation concerning income may be made: The daily nickels on the basis of fifty cents per week, or two dollars per month, in twelve months, say for 100,000 workers, would mean an income of \$2,400,000. Add to that 40 per cent more for the income received through state compensation payments, a sum then in excess of \$3,000,000.

When the income is received by the central plant, with acquisition and administrative costs held down to a minimum, in a group of selected risks of sufficient size or mass spread, it is quite easy to understand how "the whole project would pay itself off reasonably quickly."

"By the time Kaiser had returned West, Garfield was ready with a smart idea, really a wonderful idea, put into his head by his medical friend, Dr. Ray Kay. 'You and Mrs. Kaiser can make it a Foundation,' Garfield said. 'A Foundation not for profit. Then when our health plan has paid this one off, with all the money coming in we can do great scientific things; we can build new hospitals, more hospitals. . . .'"

Comment.—Concerning the Permanente Foundation, brief comment was made thereon in CALIFORNIA AND WESTERN MEDICINE (December, 1942, on page 344). The Foundation was established by a loan from Mr. and Mrs. Henry Kaiser.

"So the Permanente Foundation was founded by Henry and his wife, Bess Kaiser. This young Doctor Garfield might have all the figures to prove this was a wonderful investment, but the bankers were very pleased with Henry Kaiser's signature on the \$250,000 loan."

Comment.—Reference has been made in a previous excerpt to the attitude of the bankers. Here it is shown that the banking fraternity were taking no chances in relation to the establishment of the Permanente Foundation. They protected themselves by having Mr. Kaiser sign on the dotted line. This is no reflection on the bankers. They are custodians of the money of citizens and are obligated to show proper caution in protecting the interests of their clients.

"This immunity of doctors from really effective mass indignation was undoubted. And, during the past twenty years, their remarkable advances—for which we must thank the doctors—made medicine too costly for the common man. So it was inevitable, since the individual sick man must pay his doctor, that doctors will go where sick folks have the dough. This had brought about a maldistribution of medical care that stank to high heaven."

Comment.—Some readers may hold that the verb used in the past tense in the last sentence of the above could be used with even more justice to the author's comments as given in his last two sentences.

"So the spread of these groups had remained feeble. Their number had remained small in proportion to the millions of our medical have-nots. And for a reason. From Chicago, headquarters of the American Medical Association, down through every state and county medical society from coast to coast, there reached an invisible but powerful hand. This hand was ready to give the works to any physician who'd go off the reservation by daring to serve a medical coöperative on a full-time salary."

"How, then, faced with the necessity of the medical care of 30,000 workers where the medical societies were powerful, would Garfield recruit a staff of good surgeons and physicians?"

Comment.—Whose is this "invisible but powerful hand" that de Kruif talks about as existing in the American Medical Association headquarters at Chicago?

In a long experience in organized medicine, the writer has yet to have his first experience with such an "invisible but powerful hand." The total number of licensed physicians in the United States is about 176,000. Component county medical societies are the sole judges of the conduct of their members and in such matters are independent of their respective state associations and also of the national organization.

The "invisible but powerful hand" myth is a figment of imagination held by persons not familiar with the facts.

For information concerning the second paragraph in the above excerpt, reference may be made to the article by the California Procurement and Assignment Service which appeared in CALIFORNIA AND WESTERN MEDICINE for January, 1943, on pages 23-26.

"Shall the people have a say in how to pay their doctors? Or shall organized medicine dictate how physicians shall be paid? Or else, no doctor—even if you're going to die?"

Comment.—Do citizens dictate to merchants how they will decide to pay for goods purchased, or do merchants lay down the conditions of payment for their goods?

And the follow-up sentence in the excerpt, isn't it far-fetched?

"In the American Medical Association there are powerful constituent bodies, like the California Medical Association and the Michigan State Medical Society, that are actually fighting to bring about prepaid medicine."

Comment.—For these kind words, thanks.

"So with the national organization of our physicians. It is run by a few men in the little smoke-filled room. Of this fact the medical rank and file are not aware or to it they are indifferent. With this fact many of our most competent doctors are disgusted."

Comment.—The governing body of the American Medical Association is its House of Delegates. California is represented by eight delegates, who are elected by their California colleagues on the basis of the reputations for service which they have established. So also in other states. If "many of our most competent doctors are disgusted" with this plan of democratic organization, a better procedure will be welcomed.

"This was what haunted Garfield: the invisible hand from Chicago."

Comment.—Again, "the invisible hand from Chicago," Who, and What, and Why?

"Yet, if Garfield manned his Permanente Hospital with medical stumble-bums—always available a dime a dozen—his health plan was sure to fail. The hospital would jam up with sick people who would not get well. The workman would reject the health plan. Its income would dwindle. Kaiser would be left with that \$250,000 note to which he had signed his name. And Garfield? He would be ruined."

Comment.—Author de Kruif here uses language not in keeping with dignified thinking or discussion. To apply the term "medical stumble-bums" to physicians whose services Doctor Garfield would reject, is out of place.

De Kruif insists that the physician in private practice is to have no money relations with patients, but financial considerations seem to be in order when the financial interests of Mr. Kaiser or Doctor Garfield are involved.

Referring to the California Procurement and Assignment Service report on the Permanente Foundation in CALIFORNIA and WESTERN MEDICINE for January, 1943, the following paragraph is quoted from page 24:

"Doctor Garfield, according to these statements, is employed under an agreement which allows him to draw up to \$25,000 annually in salary. To date, he states, he has drawn no salary from the funds of the Foundation, but has actually put into current operating funds some \$10,500 of his own money. When and if the profit period of the Foundation is realized, it is anticipated that Doctor Garfield will draw his \$25,000 annual salary, will be repaid his \$10,500 advance and will have no further share in any profits accruing from the plan."

"Yet now, in spite of these sinister possibilities, Sidney Garfield began hiring highly trained young surgeons and physicians. He was quiet, but he was strangely persuasive."

Comment.—Concerning the hiring, the Procurement and Assignment Service report previously referred to stated:

"Early in its existence in California, Procurement and Assignment Service became aware of the building up by Mr. Kaiser and Doctor Garfield of a staff of physicians for both the industrial and nonindustrial medical care of Kaiser employees. The Kaiser staff of some thirty physicians (early in 1942) represented a group of young men, all but two of whom were definitely of military age.

"A review of the Kaiser medical staff showed that practically every one of the thirty physicians should be declared

'available for military service' because of his age; at the same time, Procurement and Assignment Service had no intention or desire to break up an established staff which was caring for an important segment of the industrial population. . . .

"At the same time, Procurement and Assignment Service put Doctor Garfield on notice that his staff members were vulnerable to induction into the Army by Selective Service because of their low average age. This warning was given for the protection of the staff, to obviate the disruption that might occur if a large part of the staff was classified 1-A by local draft boards and forced into military service." . . .

"This question of rooms versus wards during the terrific expansion of enrollment of workers on the health plan was a point of hot debate between Doctor Garfield and Henry Kaiser. The seventy-bed Permanente Hospital had no sooner opened in late August, 1942, than it was deluged beyond its capacity by the Kaiser army swarming up from its original 25, to 50, 70, 90,000 shipbuilders. Sidney Garfield—it was his duty as a doctor—wanted to take care of them all, rooms or no rooms. Henry Kaiser—fanatical believer in a medical golden rule—maintained that if he himself should have a private room, then so should every worker, down to the humblest laborer or shipyard sweeper."

Comment.—Hospital executives will find much of interest in the above.

"He [Henry Kaiser] got the \$300,000 [more] without his signature [to an additional note]. It encouraged the bankers that, three months after the opening of Garfield's health plan, the original \$250,000 loan was paying itself off at the rate of \$25,000 a month!"

Comment.—Why it is possible to pay off a loan at that rate is easily understood when the income received in the Richmond shipyards and previously discussed is taken into consideration.

"Garfield offered his doctors salaries that ranged from \$450 to \$1,000 a month—not bad for a young physician or surgeon just out of hospital residency and facing the cold world of medical competition in individual practice. So between August, 1942, and March, 1943, Garfield's staff at the shipyard first-aid station, the Field and Permanente Hospitals had grown to a group of sixty well-trained physicians and surgeons."

Comment.—The Procurement and Assignment Service report previously quoted reflects interesting sidelights on the above.

"They [the doctors who were hired by Doctor Garfield] rubbed their eyes in amazement at Doctor Garfield's new medical economics. His organization's total income came, 40 per cent of it, from payment by industrial insurance companies for workmen's compensation insurance medical care. The remaining 60 per cent came from the individual 50 cents a week from the prepaid health plan voluntarily subscribed to by the Kaiser workers.

"Under this plan what could the doctors give the sick workers for their seven cents a day?"

Comment.—The above is given to emphasize the source of the Permanente Foundation's massive income of hundreds of thousands of dollars. With money received in such great amounts, it is not to be wondered at that Doctor Garfield is able to hire physicians on individual salaries running up as high as \$1,000 per month.

"Of course their excellent salaries, with no overhead, are a good reason for the notably high enthusiasm and

morale of Garfield's staff of doctors. But there is a deeper cause for their spirit that you remark about them on their rounds of medical mercy to the great army of the industrially wounded and the sick. On a vast scale it confirms Sidney Garfield's discovery made in the desert. There and at Grand Coulee he had begun to be thrilled by what happened to his doctors when the cruel barrier of money was lifted from between them and their patients. Exit dollars—enter God."

Comment.—When Author de Kruif refers to Doctor Garfield in the above, ending again with the sentence, "Exit dollars—enter God," how does he explain the "\$25,000 annual salary" or more received by Doctor Garfield, referred to in the Procurement and Assignment Service report?

"On this vast scale Garfield and his staff were demonstrating a revolutionary new medical economy. In the five months following the health plan's opening, the workers had paid \$500,000 into the health plan; for this they had received the equivalent of more than \$1,500,000 worth of treatment, when you estimate it on the fee-for-service system by which the individual pays his individual doctor."

Comment.—Along the same line of reasoning, and with the same fee-schedule estimations used in the Permanente computations above, it would be of interest to have the contrasting grand total of many millions of dollars that represent the value of the professional services gratuitously and unostentatiously given by California physicians in the county and other charitable hospitals of the State.

"This weapon was the possibility of putting doctors who were stepping off the reservation of medical 'ethics'—into the Army. The Federal Procurement and Assignment Service had the duty to gather physicians for our armed forces. Now the officials of Federal Procurement and Assignment, and its state and local boards were—most of them—also high in political power in the American Medical Association and its constituent state and local societies. Of course, you see that fact's significance."

Comment.—The implication in the above might be called "nasty." The splendid group of physicians who as Medical Procurement and Assignment Service officers have given gratuitous service to our country deserve fullest commendation. That is the significant fact, not what de Kruif states.

"The scientific medical teamwork, the swift mending of smashed skulls and broken bodies, the rapid diagnosis and cure of early pneumonia, the expert healing of burned eyes, the modern management of diabetes, high blood pressure, and wrecked hearts, the surgery of appendicitis, perforating stomach ulcers, and the scientific treatment of cancer—all this could not be done with men whose only qualification was a plain 'M. D.' Garfield's health plan was modern group medicine or it was nothing."

Comment.—What is modern hospital care if, in one sense, it is not "modern group medicine," where attending staff members confer with and utilize one another's knowledge and facilities in the treatment of seriously ill patients?

"Now the physicians of California came to the rescue. Their leaders had smashed a cruel taboo by going out of their way publicly to approve Kaiser's prepaid medical care. Now in this emergency where illness, and even death itself, threatened hundreds of thousands of women and children, the California doctors awoke. Through their California Physicians' Service they believed they could undertake the care of this vast cohort of the medically forlorn."

Comment.—De Kruif gives to his book the title "Kaiser Wakes the Doctors." In the above he states "the California

doctors awoke." California Physicians' Service was established several years before the Kaiser shipyards came into existence, and the California Medical Association contemplated the formation of California Physicians' Service even several years before that.

The California doctors, therefore, even according to de Kruif, evidently awakened themselves. The awakening did not come through Mr. Kaiser.

"Now the California Physicians' Service was ready to go into death-fighting action. Before Pearl Harbor, its organization by California medical leaders had got the California Medical Association into the doghouse with the invisible hand that ran the American Medical Association."

Comment.—Again, the question is asked, To whom did this "invisible hand that ran the American Medical Association belong" that "got the California Medical Association in the doghouse"?

Members of the California Medical Association would be pleased to have this information, because they, themselves, know of no such power.

"The workers—by their voluntary weekly fifty-cent pieces—not only paid for their care, but built those facilities themselves. That was the big news. It ought to thrill you doctors. You don't have to get your facilities by begging them from the rich; you don't have to get them by Government handout.

"Who'd manage the bookkeeping of this prepaid medical care? Industry, not the doctors, who don't pretend to be businessmen and admit it. Kaiser dealt his cards, face up, across the table."

Comment.—Wherein lies this difference in bookkeeping? Physicians have kept their own bookkeeping accounts for years. What bookkeeping magic is this which only "Industry, not the doctors," is able to manage?

"Now in March, 1943, only six months after the Permanente Hospital had opened, came evidence of the mighty economic power of Garfield's prepaid group medicine. The sum accumulating from the individual seven cents a day from 60,000 Kaiser workers had not only paid for the upkeep and the lavish equipment of those hospitals. But, together with income from compensation insurance mandatory under California law, it was paying off the original sum advanced by Henry Kaiser for the building of the Permanente Hospital at a rate of \$50,000 monthly. Within two years of that institution's opening, the \$550,000 needed to build and to equip it would be paid off in full.

"This super-speedy self-liquidation was new in medical history. It dazed ordinary doctors, accustomed as they were to practice in hospitals that were tax-supported, or wallowing, because of their high overhead, in a morass of debt. It drew indignant bellows of unbelief even from certain eminent experts in prepaid medical care. Their incredulity was based not on any examination of the Kaiser health plan's bookkeeping. It came from a weakness common to all experts."

Comment.—In a previous page, de Kruif was making the payments to the bankers at the rate of \$25,000 each month. Now it is up to \$50,000 monthly. Would that de Kruif had also given information concerning salary lists and the reserves. A comparison of the administration expenses and "high overhead" would also be of interest.

"Practicing individually, each doctor has to sell himself. This is obvious if he is to be successful. It results in the super-bedside manner, which has no relation to real medi-

cal ability. In the group the *organization* is the selling point. For instance, Mayo Clinic sells each doctor in the organization by *its* reputation. The doctor doesn't fritter away his time kidding John Smith by his bedside manner. He can devote his efforts to good medicine.

"Individual practice doesn't permit ready consultation. The waste of the patient's time in going from one medical building to another for each specialty is enormous."

Comment.—Not what one would call an excellent example of coherent thinking.

"Henry Kaiser believes that we can begin right now to build these Mayo clinics for the common man wherever there are industries. Even where the industrial units are small, their managers and their men can pool their efforts to build health-center hospitals that can be used in common. He is a great believer in good, not cut-throat, competition, and thinks the new prepaid group medicine will be stronger if its units are kept small."

Comment.—For other comment concerning the above, see in this issue the press item quoted in the editorial department.

"Garfield has calculated that community groups of 2,500 people can build, support, and pay off their hospital facilities.

"Then there are other 'experts' who wail that this may be all right in cities, but that it will be no go in rural regions where farmers notoriously have not got the ready money. Again Kaiser has the answer. The economic power of health plans of industrial regions is a tremendous one. When the hospitals there are paid off, then they will make formidable sums of money. . . . And this money can then overflow—with urban and rural citizens coöperating—to build small hospital health centers in rural regions.

Comment.—It is to be hoped that Mr. Kaiser, Doctor Garfield and those who hold to the above will put their plan into execution in two or three dozen places in California and other states.

"His [Kaiser's] heroes in tomorrow's new fight for life are the doctors. He looks forward to the return of a vast commando force of young physicians from the Army. They are no longer enthralled or misled by the reactionary double talk of organized medicine's invisible hand. They have practiced group medicine, *good* medicine, upon the soldiers and they know its beneficent power. Already they are laughing at the horse-and-buggy individualistic medicine of yesterday.

"The new hospital health centers will be the workshops where the power of the science of these young men will begin to work a fantastic transformation upon our nation now living, so large a part of it, half alive. The great economic power of the new prepaid medicine practiced in these health centers will give a new lease on life to our older doctors, too. Joining these health plans as the California physicians are now joining Kaiser's, there will be the wherewithal for them to become reëducated, to become teamworkers, happy that they, too, can join in the group medicine of our new fight for life."

Comment.—More will be known about all the above when colleagues now in military service return to take up work in civil practice.

The "invisible hand" evidently frets author de Kruiif because here it is, bobbing up again.

"It [new hospital health centers and workshops] can abolish the misery and the insanity of women's change of life. By the skilled use of the new powerful hormones it

can extend the sexual activity and lengthen the vigorous prime of life of men, so that we will no longer say that we grow old too quick and wise too late."

Comment.—Here Author de Kruiif almost transposes himself into the rôle of an optimistic therapist.

"Large industries, groups of small ones, groups of doctors today left at home, the labor unions, the farmers' organizations—all should band together now to demand the Government Medical Loan Agency. This would guarantee to the local bankers 50 per cent of any losses which might come as a result of the banks' willingness to finance these new Mayo clinics for the common man.

"Then for tomorrow Kaiser sees a still brighter promise. 'How shall we reward the scores of thousands of young doctors who've risked their lives at the fighting fronts in the war?' he asks. 'Death has awakened these doctors.

"We should urge that the Government provide them with an extra compensation, and special encouragement for the health centers that they will be ready and anxious to organize. The Government might well guarantee these returning doctors not 50, but 80 per cent of the cost of building their needed facilities.'"

Comment.—Author de Kruiif evidently holds that the Government will be generous with doctors. How does he reconcile with his above sentiments the thirty-five-dollar fee table established by the Federal Children's Bureau which has been discussed in this and previous issues?

Here endeth the book review.

G. H. K.

As a sample of the complimentary book reviews the de Kruiif book is receiving, the following, which appeared in the San Francisco *Call-Bulletin* for October 7, is given space:

Books on Parade

"Kaiser Awakes the Doctors"

By Paul de Kruiif

(Harcourt, Brace & Co., \$2)

Henry Kaiser has done another tremendous job—he has provided medical care for his industries on the prepaid plan at the rate of 7 cents a day per person. Nothing is too good for the crudest laborer.

How Mr. Kaiser accomplishes this task is a stirring story of battles with bankers, and the American Medical Association, and of numerous problems in establishing a hospital. Fortunately he met young Doctor Garfield, who already had made a name for himself, for his hospital in the rugged desert country. Impressed by this project, Mr. Kaiser backed every idea he had for the Permanente Hospital, near Oakland, which is now a significant success.

Immediately absenteeism lessened and workers became more efficient. Mr. Kaiser says, however, "that they got more than efficiency—that they also got greater confidence and faith, and more courage." So now there is more than just the clanging and banging of steel that goes into a Liberty ship. There is the spirit of the men behind it.

"Kaiser Awakes the Doctors," by Paul de Kruiif, is a dramatic and inspiring record of achievement.

Also, in connection with the foregoing excerpts from Author de Kruiif's book, the following article, which appeared in the San Francisco *News* for October 7, may be of interest. Some of the statements which follow are very similar to thoughts expressed in the volume by de Kruiif:

KAISER HOSPITAL ("CAN'T BE DONE") ENDS GOOD YEAR

(Nick Bourne, first newspaperman to go through the controversial Henry J. Kaiser nonprofit hospital, tells how the plan works and what the doctors have to say both for and against the experiment.—The Editor.)

By Nick Bourne

The nonprofit health plan "which couldn't succeed—the doctors won't stand for it" at the great Henry J. Kaiser

shipyards at Richmond today ended its first year of providing unlimited medical and hospital care to 70,000 shipyard workers for 50 cents a week.

I went through the half-million-dollar hospital, interviewed the patients, nurses, and doctors, obtained the first year's financial statement and learned three things:

1. It works, at least during wartime.
2. Why it works.
3. What the patients and doctors think of it.

The plan, depression-born in the scorching Mojave Desert of California during Mr. Kaiser's work on the 900-mile Los Angeles aqueduct twelve years ago, has grown up by necessity of war in the teeming shipyards.

Largest United States Project

The year's statement of services rendered, money collected and spent, the gratitude of patients, growth of the organization and its imposing building, bespeak the wartime success of the venture, largest United States prepaid medical plan, according to A. L. Brodie, manager.

Each employee joining voluntarily pays 50 cents a week from his pay check. First year's payments, \$1,229,331.52, bought 838 major operations, 4,652 minor operations, 47,024 days of hospitalization, 73,797 x-rays and many other services, including free medicine.

Doctors, mostly young Stanford University medical school graduates, do a mass-production, assembly-line job; receive salaries of \$450 to \$1,000 a month, depending on responsibility and seniority.

Payment in advance overcomes the human frailty of failing to provide for emergencies, according to Mr. Brodie. It has been estimated 40 per cent of Americans never pay for medical attention, they either never get it, or don't pay when they do.

Here is what the doctors on the job here think of the experiment:

DR. WILLIAM W. SAUNDERS, x-ray department head, Stanford graduate: "I doubt if I would have the net income I receive here if I were in private practice. But I do three times a normal amount of work. I like it. I think we do our patients a good turn and they appreciate it. 'Outside' doctors don't like it; it's against the A. M. A. tradition to have patients assigned to a doctor.

Don't Sell Anything

DR. CECIL C. CUTTING, chief surgeon, Stanford, '35: "From the doctor's standpoint, the principal features are that the doctor does not have to be a businessman; has a close contact with associates in his own special field; doesn't have to worry over making a living or the patient's ability to pay his rent, his nurse, for his equipment; we can take each case to its logical conclusion regardless of cost.

"We don't have to sell anything except medical attention and are free to encourage research, progressive ideas, get the best facilities."

But some expressed misgivings:

Dr. Noseglasses: "It may end up with Kaiser or some other businessman controlling the medical profession and deciding to pay all doctors \$130 a month."

Dr. Black Moustache: "We are working toward an inescapable conclusion—Government-controlled 'socialized' medicine. That would get us into politics. Bureaucracy would halt progress."

Dr. Black Moustache: "This idea isn't new at all. It worked in Scandinavia for years."

"Up to Doctors!"

Dr. Van Dyke Beard: "It's up to the doctors, themselves, to control this system. If the doctors won't, business will and we may all be punching time clocks."

Dr. Baldhead: "Then we might join a union!"

The astonishing thing about the patients is that they usually are not very sick. They pay 50 cents a week for unlimited medical and hospital care and want to be sure to get their money's worth. One demanded that his dandruff be cured, or he'd quit. He was told he could hire a private physician or beauty specialist any time he wanted to.

"We do not get many ruptured appendices or advanced cases of pneumonia simply because they all flock in here (1,373,611 clinical calls during the first year) and we catch their trouble before it's serious," explained Dr. Cecil C. Cutting, chief surgeon.

I wandered down the corridors. No wards. All private or semi-private rooms, spotless, modern, with Venetian blinds.

Illness knows no color line here. Red-helmeted men, women welders, negroes, lined up for a checkup by the busy young doctors.

In one double room was Miss Katherine Rossi, shipyard loan office employee, here from Duluth, Minnesota, for six months; ill six months from skin trouble. A negro woman was in the adjoining bed.

"So help me!" declared Miss Rossi. "I've been in hospitals before, but never one like this. It's sure swell. I don't know what I would have done."

The doctors are working hard to keep the men building ships.

One summed up nonprofit medicine:

"The operation was a success—but the doctor died."—*San Francisco News*, October 7, 1943.

MEDICAL JURISPRUDENCE[†]

HARTLEY F. PEART, ESQ.

San Francisco

A release given to a person whose negligence caused injury bars a malpractice action by the injured party against a physician for alleged negligent treatment which it is claimed aggravated the injury.

It is generally the law that where a person sustains injuries as the result of the negligence of a third person (for example, in an automobile accident) and thereafter consults a physician who further aggravates the injuries in the course of his treatment, the aggravation caused by the malpractice of the physician is considered an injury directly resulting from the original accident and the negligence of the third party. The injured person may, therefore, recover from the negligent third party any damages he suffers as a result of the physician's act.

This rule is subject to the qualification that, in the selection of a physician, the injured person must use reasonable care to choose a physician of ordinary competence and skill. If he does so, the law considers that he has one cause of action in which he may recover from the person first causing the accident for all damages he has suffered, even though some of the damage is directly attributable to the malpractice of the physician treating the injuries.

An application of this rule is illustrated by the case of *Ash vs. Mortensen*, 60 A. C. A. 286, decided August 13, 1943. The Court there denied the plaintiff recovery against a physician for malpractice, holding that a release of a cause of action against an automobile driver for personal injuries resulting from an automobile accident bars a subsequent recovery against a physician for alleged malpractice aggravating the injuries.

The plaintiff suffered comminuted fractures to the femur bones of both legs in an automobile accident. One month after the accident she filed suit against the operator of the car and recovered a judgment of \$15,000. At the trial of the case the physician had testified that the plaintiff would not be able to walk normally for at least a year, that she might be crippled for life, and that there would be shortening of both legs. All of the testimony as to plaintiff's condition referred to her condition subsequent to her treatment by the testifying physician, and the jury was instructed that, in determining the amount of damages to be awarded plaintiff, they should consider not only the condition of the plaintiff at the time of the trial, but also her condition as it would exist in the future.

The operator of the car satisfied the judgment and obtained a full release from the plaintiff as to all claims arising out of the accident.

Thereafter, plaintiff filed suit against the physician who had treated her for the leg injury and who had testified at the trial, contending that he had failed to exercise ordinary

[†] Editor's Note.—This department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from the syllabi of recent decisions and analyses of legal points and procedures of interest to the profession.